

BERNALILLO COUNTY
Environmental Health
111 Union Square SE, Suite 300
Albuquerque, NM 87102
Main Phone: 314-0310 Fax: 314-0470



WASTEWATER VARIANCE REQUEST FORM

Application No. EHVA # _____

Receipt No. _____ Fee _____

Departmental Use Only Staff: _____ Date: _____

1. PROPERTY ADDRESS

Site Address _____ Lot Size _____

UPC _____ Zone Atlas Page _____

2. PROPERTY OWNER / APPLICANT

Name _____

Mailing Address _____

Phone _____ Fax _____ e-mail _____

3. AUTHORIZED REPRESENTATIVE

Name _____

Mailing Address: _____

Phone _____ Fax _____ e-mail _____

4. VARIANCE OF CODE:

5. Section of Wastewater Code for which a variance is requested: _____

6. Attach proof of neighboring property owner notification.

7. Please place a check next to the type of sewage disposal that is existing as of the date of this application:

☐ Onsite Wastewater system ☐ Community Wastewater system ☐ Sewer ☐ None

8. Please place a check next to the type of water supply that is existing as of the date of this application:

☐ Onsite Well ☐ Community Water system ☐ Well Share ☐ None

9. Briefly describe the alternative method or means of complying with the specific requirement in the code.

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10. Describe how the method proposed will comply with the intent of the specific requirement in the code.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The foregoing information and documents provided with this application are true to the best of my knowledge. I understand that the issuing of a variance based on this application does not relieve me from the responsibility of obtaining any permits required by State, County, or City regulations or ordinances or other requirements of State or Federal law. I, as the owner of the property, give the authorized representative the authority to act on my behalf on issues concerning this application and I agree to abide by the conditions of approval. This application expires 180 days after submission. A 180-day extension may be granted when a written request is submitted prior to the expiration of this application.

Property Owner's Signature _____ Date _____

Authorized Representative's Signature _____ Date _____